	PATENT A		ATION ective	RD	9/509302								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA		ENTITY	OR	OTHER	•
FOR			NUMBER FILED			NUMBER EXTRA		RA	ΤE	FEE	1	RATE	FEE
BASIC FEE											OR	,	840
TOTAL CLAIMS			/ / minus 20=			*			9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =			*			9=		OR	X78=	
MU	ILTIPLE DEPEN	IDENT CL	CLAIM PRESENT						0=		OR	+260=	2/20
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT			OR	TOTAL	1100
CLAIMS AS AMENDED - PART II											1 011	OTHER	THAN
		(Colum	umn 1) ((Column 2) (Column 3)			\LL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIN REMAIN AFTE AMENDI	IING R		NU! PREV	MBER IOUSLY D FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	М	inus	**		=	X\$	9=	!	OR	X\$18=	
	Independent	*		inus	***		=	X39)=		OR	X78=	
_	FIRST PRESE	NTATION	OF MULT	TIPLE DEI	PENDEN	IT CLAIM		+13	0=		OR	+260=	
									TÁL			TOTAL ADDIT. FEE	
		(Colum	ın 1)		(Colu	ımn 2)	(Column 3)	ADDIT.	ree			ADDII. FEE	-
AMENDMENT B		CLAIN REMAIN AFTE AMENDN	NING R	· ·	NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	M	inus	:##		=	X\$	9= .		OR	X\$18=	_
	Independent	*		inus	***		=	X39)=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+260=	
								TC	TAL			TOTAL	
		(Colum	in 1\		(Colu	ımn 2)	(Column 3)	ADDIT.	FEE		,	ADDIT. FEE	
AMENDMENT C		CLAIN REMAIN AFTE	AS IING		HIG NUI	HEST MBER IOUSLY	PRESENT EXTRA	RAT	E-	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDA				FOR				FEE			FEE
	Total Independent	*		inus inus	**		=	X\$ 9)=		OR	X\$18=	
AM	FIRST PRESE				L	IT CLAIM		X39	=		OR	X78=	
	****	·		· · · · · · · · · · · · · · · · · · ·				+130)=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR												TOTAL ADDIT. FEE	
***	If the "Highest Nu The "Highest Num	mber Previou ber Previou	ously Paid Isly Paid F	For" IN THI or" (Total o	r Indepen	is less that dent) is the	in 3, enter "3." highest number		_	propriate box			

Application or Docket Number